

Dental Plan

Wells Fargo Delta Dental Option

The Wells Fargo Standard Dental Plan option is available in every state and is administered by Delta Dental of Minnesota. You may continue dental coverage up to age 65, provided you currently have dental coverage through Wells Fargo.

Wells Fargo Dental Plan – Standard

| PLAN FEATURES | YOU PAY |
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| Annual Deductible | \$50 per person Diagnostic and preventive care and orthodontia are not subject to the deductible. For all other services, you first pay the deductible before the plan pays for covered benefits. |
| Annual Maximum Benefit | \$1,500 per person Diagnostic and preventive care and orthodontia are not applied to the annual maximum. |
| Diagnostic & Preventive Care • Routine exams, cleanings, x-rays, fluoride treatments, sealants | Covered at 100% Includes routine exams twice per year, full mouth x-rays every 60 months, one series of bitewing x-rays every 12 months. For children under 18, bitewing x-rays every 12 months and fluoride treatments. For children under age 16, sealants. |
| Fillings & Oral Surgery • Fillings, simple extractions, oral surgery | 20% 30% for composite (white fillings) on posterior teeth |
| Periodontics • Treatment for diseased gums and tissue • Periodontal cleaning | 20% |
| Endodontics • Root canals | 20% |
| Major Restorative Services • Crowns, inlays, onlays, bridgework, dentures | 50% |
| Dental Implants | 50% |
| Prosthetics & Repairs | 50% |
| Child Orthodontia • Up to age 18 | \$1,500 lifetime maximum benefit per person — you pay 50%* |
| Adult Orthodontia • Age 18 and older | \$1,500 lifetime maximum benefit per person — you pay 50%* |
| Pretreatment Review | If dental treatment is expected to cost \$300 or more, Delta Dental recommends that you ask your dentist to submit an estimate for a pretreatment review before dental work begins. The claim will be reviewed to determine if the proposed treatment will be covered. |
| Allowed Amount | The amount you owe for covered services is based on the allowed amount. If your participating dentist charges more than the allowed amount, you are not responsible for the difference between the billed charges and the allowed amount. If you use a out-of-network dentist, you must pay for services, and then file a claim with Delta Dental to be reimbursed for eligible expenses. When you use a out-of-network dentist, claim payments are based on the lesser of the nonparticipating dentist's submitted charge or Delta Dental of Minnesota's Table of Allowance. The table allowance levels are set so that 90% of the dentists in your geographic area charge the same or less for specific procedures. You will be responsible for any charges exceeding the allowed amount, as determined by Delta Dental of Minnesota. |
| QUESTIONS? | |
| Website | At www.deltadentalmn.org you can: • Search for Delta Dental PPO or Delta Dental Premier participating dentists by location, dentist or clinic name • View your claims history and current claims status • Check on plan information, benefit levels and benefit dollars used year to date • Find oral health care tips, a dental glossary and frequently asked questions |
| Member Services | 1-800-448-3815 |

*Orthodontia lifetime benefit based on enrollment at time of appliance banding.